



Name of Child: _____ Date: _____

TB or Tuberculosis

What is TB?

TB or tuberculosis is an infection that usually grows in the lungs. However, TB can also infect other parts of the body, such as the voice box (**larynx**), lymph nodes, kidney, bone, and the covering of the brain (**meninges**).

What causes TB?

When a person with TB coughs, sneezes, or spits, tiny drops (**droplets**) are sent into the air. The TB germs travel on these droplets. TB is caused by bacteria (*tubercle bacilli* or *Mycobacterium tuberculosis*). TB is a strong germ, and it takes a long time to kill.

What are the symptoms of TB?

In the beginning, TB seems like a cold or flu. A person with TB in the lungs may have one or several of these symptoms:

- tired a lot
- don't feel well
- cough
- don't feel like eating
- weight loss
- a slight fever (99° F to 101° F)
- sweats or chills at night



One symptom of TB is a cough.

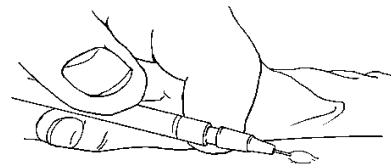
- dull ache in chest, tight feeling in chest
- sharp pain when coughing or breathing in deeply
- coughing up blood

It is important to find TB early, because it can be treated and cured.

How do I know if my child has TB?

A person may have the TB germ (be infected), but be able to fight off the germs enough to not get sick. The TB germs can live in that person for years. However, if a person has the TB germ and then his immune system gets weak, he may not be able to fight off the germs. Then the germs can grow, and symptoms may appear. Most infected people can be treated to keep them from getting sick.

We can tell if your child has the TB germ with a skin test, called the **Mantoux skin test** or the **PPD (purified protein derivative) skin test**. In this test, a very tiny amount of the PPD fluid is put just under the skin inside the arm with a very fine needle. It feels like a pinprick. At first, the PPD fluid may burn a little, but this goes away quickly. The fluid will form a small bump under the skin, but this, too, goes away quickly.



A very tiny amount of the PPD fluid is put just under the skin with a very fine needle.

Three days later, a health care professional will look at your child's arm. This is called **reading the skin test**. The test must be read within 48 to 72 hours after it was given. The spot of the pinprick may be red or bruised. This does not mean your child has TB. If there is a bump of a certain size, it may mean your child has the TB germ. The person reading the test will tell you. If this test shows your child has the TB germ, more tests may be done. The doctor may order a chest x-ray. The doctor may ask your child to cough up into a special container, so the **sputum** can be checked for the TB germ.

How is TB treated?

Years ago, people sick with TB were put in special hospitals, called **sanitariums**, for months or years. Better medicines have changed this. Now, most people with TB

can take medicine at home, and be cured within a year.

Since TB is caused by bacteria, it is treated with antibiotics. The antibiotics that kill the TB germs include: INH (isoniazid), rifampin, PZA (pyrazinamide) ethambutol and streptomycin.

A strong germ causes TB, and it takes a long time to kill. A person with TB needs to take medicine for at least 6 to 12 months to kill all the germs.

It is very important to give your child the medicine every day. Medicine kills the weakest germs first. If you stop giving your child medicine too soon, the stronger germs are left. These strong germs will then grow, and it may be harder for medicine to kill them. This is called **drug-resistant TB**. If you don't give the medicine until all the germs are gone, your child could get very sick. Drug-resistant TB is harder to treat, and the treatment could take even longer.

The doctor may want to see your child every month while he or she is taking the medicine. The doctor will check to see how well the medicine is working, and if it is the right medicine for your child. When the antibiotics are done, the doctor will check your child for several more years, to make sure the TB is gone.



You will visit the doctor while taking the medicine and after, to make sure the TB is gone.

Don't give up

TB can be cured, but it takes a long time. If your child has TB, you need to be patient. Your child will need medicine every day for 6 months to a year or more. Your child may feel sick. He or she will need to eat healthy meals and get enough rest. You may want to talk to other families going through the same treatment. Ask your nurse or doctor for information about support groups or networks of families.

How can I keep my child from giving TB to other people?

If your child has TB, you can avoid spreading it if you:

- Give your child the medicine every day.
- Get more medicine before you run out, so you don't miss a day.
- Have your child wash his or her hands often.
- Have your child use paper tissues when he or she coughs, sneezes or spits. Right after your child uses the tissue, put it in the garbage.
- Open windows as often as possible, to bring in fresh air.



A good way to keep from spreading germs is to wash your hands.

People who live with the child with TB should be tested for TB often. If they have the germ, they should get treated as soon as possible. If they get medicine soon after they are infected, they may not get sick.

If your child has TB:

- Tell your nurse or doctor why you need to give your child medicine every day. (Check when done.)
- Tell your nurse or doctor how you will remember to give your child medicine every day, and how you will remember to refill the prescription. (Check when done.)
- If your child is taking the medicine INH (isoniazid), tell your nurse or doctor what foods your child should not eat, and why. (Check when done.)
- Ask your nurse or doctor for the handout **Good Handwashing, #100**. (Check when done.)



If you have any questions or concerns,
 call your child's doctor or call _____

**If you want to know more about child health and illness,
visit our library at The Emily Center at Phoenix Children's Hospital
1919 East Thomas Road
Phoenix, AZ 85016
602-546-1400
www.phoenixchildrenshospital.com**

Disclaimer

The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children's Hospital urges you to contact your physician with any questions you may have about a medical condition.

Friday, April 18, 2003 • DRAFT to family review
#376 • Written by Carol Robinson, MS, RN • Illustrated by Dennis Swain



Name of Health Care Provider: _____ Number: 376

For office use: Date returned: _____ db nb xls

Family Review of Handout

Health care providers: Please teach families with this handout.

Families: Please let us know what you think of this handout.

Would you say this handout is hard to read? Yes No

easy to read? Yes No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read? Yes No

Why or why not?

Would you do anything differently after reading
this handout? Yes No

If yes, what?

After reading this handout, do you have any
questions about the subject? Yes No

If yes, what?

Is there anything you don't like about the drawings? Yes No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

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Thank you for helping us!